



Mitchell E. Daniels, Jr., Governor  
State of Indiana

*Indiana Family and Social Services Administration*  
E. Mitchell Roob, Jr., Secretary

# Indiana *Care Select* Community Meetings

October 2007



# Today's Agenda

- Program Goals & Overview
- Implementation Plan
- Member Enrollment Process
- Care Management Organization (CMO)  
Presentations
- Question & Answer

# Program Goals

- To more effectively tailor benefits to people who are aged, blind or disabled
- To improve the quality of care and health outcomes
- To control the growth of health care costs
- To provide more holistic approach to member's health needs

# Program Overview

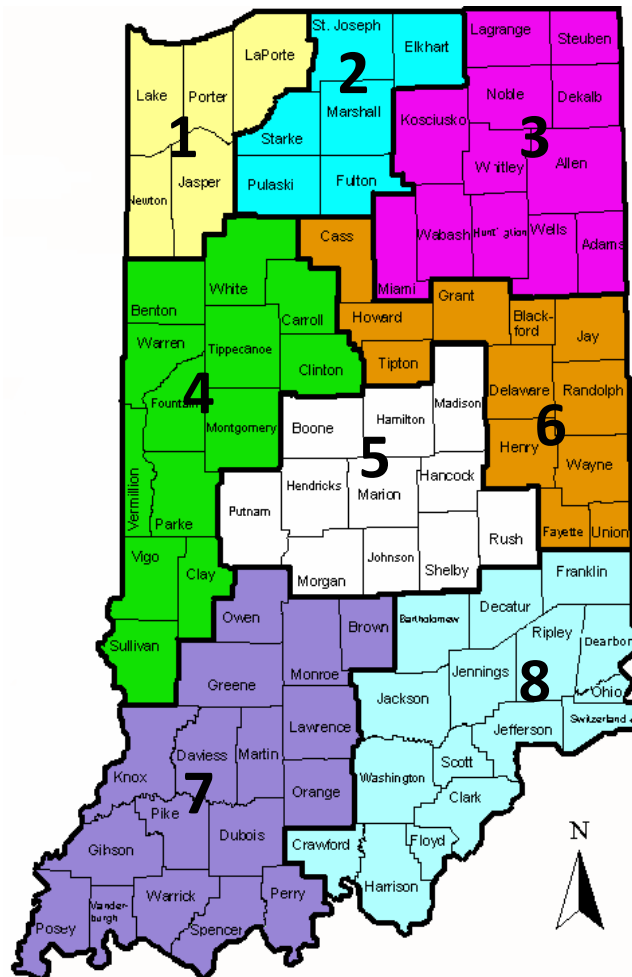
- Care Coordination
  - Individualize services
  - Assist in gaining access to needed medical, social, educational and other services
- Disease Management
  - Population-based
  - Target specific diseases
- Utilization Management
  - Appropriate use of facilities, services and pharmacy

# Implementation Plan

- *Care Select* Health Plans
  - ADVANTAGE Health Solutions, Inc.<sup>sm</sup>
  - MDwise, Inc.
- *Care Select* Members
  - Members who are Aged, Blind or Disabled
  - Home & Community-Based Waiver participants
  - Members who receive Adoption Assistance
  - M.E.D. Works participants
  - Will NOT include members in institutional settings or dual-eligibles (Medicare/Medicaid)

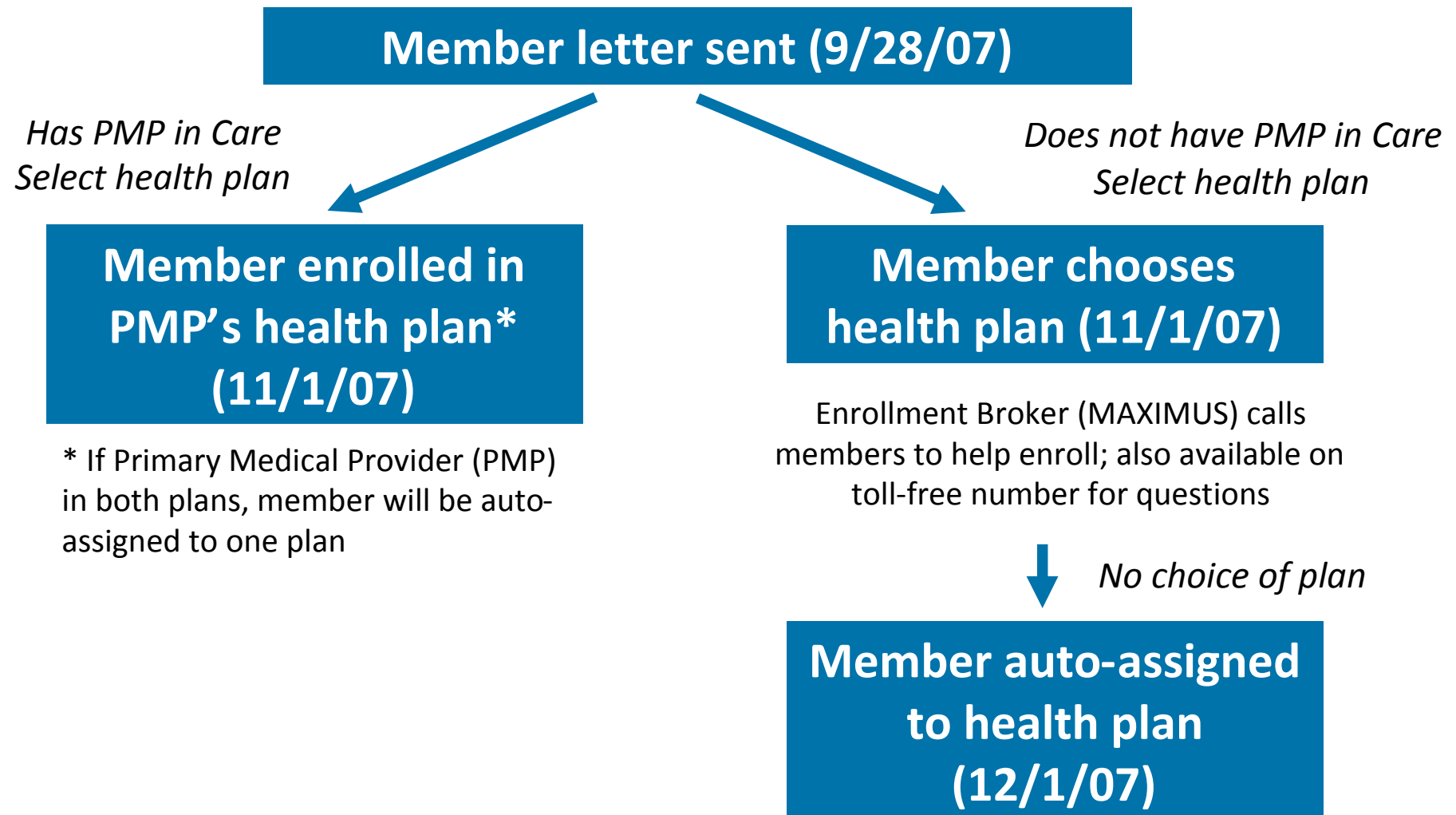


# Implementation Plan (cont.)

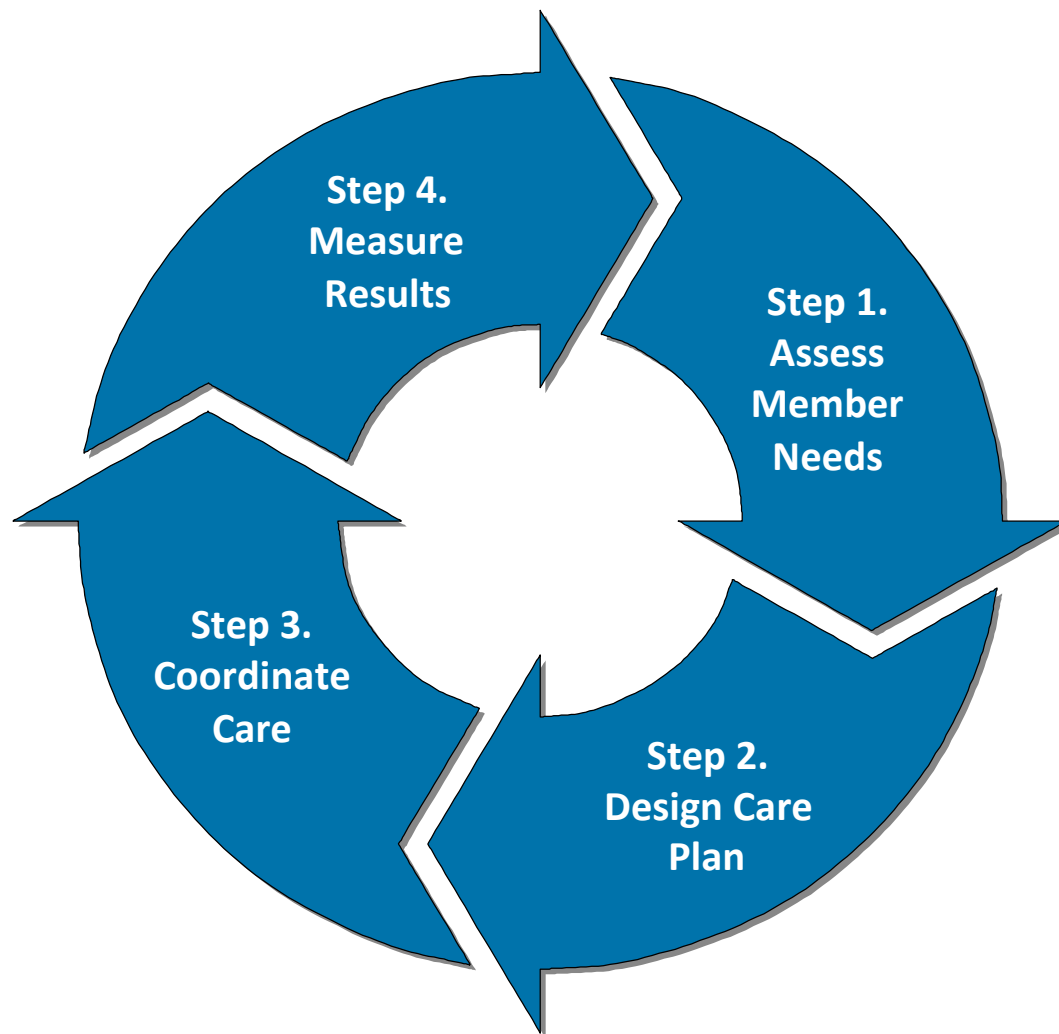


- Regional Implementation
  - Central Region (See 5 on Map): November 1, 2007
  - Northern/East Central Region (1, 2, 3 & 6 on Map): March 1, 2008
  - S./W. Central Region (4, 7 & 8 on Map): June 1, 2008

# Member Enrollment Process



# Care Management Model



- Member assessment includes input from caregivers, families, and experts
- All members receive Level 1 through Level 4 care management, as appropriate
- Results of care plans reassessed at least annually



# MDwise

Provider-sponsored health plan created by Clarian Health Partners and Wishard Hospital in 1994

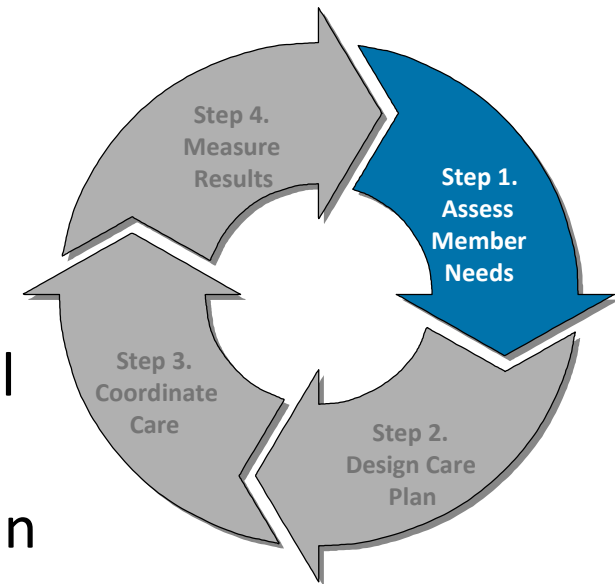
## **MDwise at a Glance:**

- Not-for-profit serving low income Hoosiers statewide
- Serving Hoosier Healthwise, *Care Select*, and Healthy Indiana Plan members
- 13 years of Indiana Medicaid experience (our Hoosier Healthwise membership is over 280,000 members)
- Committed to serving Hoosiers who are aged, blind, or disabled
- Safety net approach – provider network and programs are tailored to address the special needs of low-income populations
- Proven success in coordinating patient care, improving quality outcomes, and maintaining high member and provider satisfaction



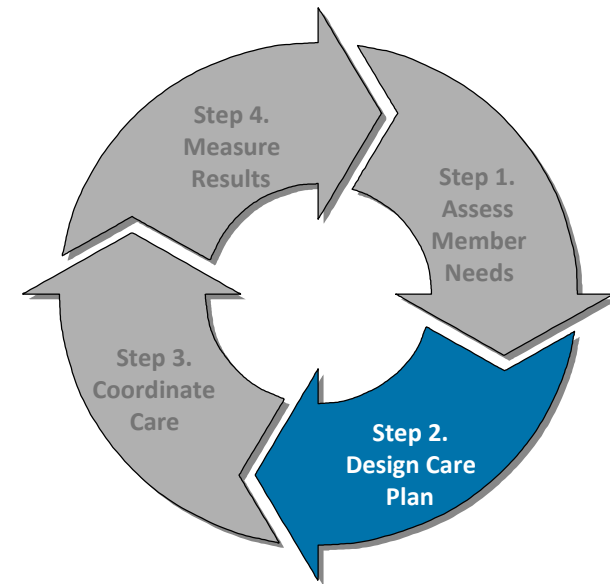
# Step 1: Assess Member Needs

- Conduct initial interview to identify immediate needs
- Implement immediate interventions if needed
- Identify high risk members through medical claims history
- Involve member, caregivers and providers in comprehensive assessment of needs



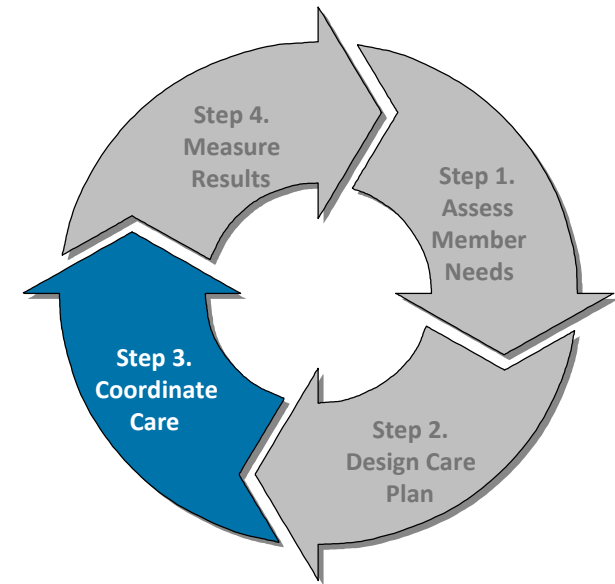
# Step 2: Design Care Plan

- Involve member in establishing and taking responsibility for achieving care plan goals
- Involve providers and Care Partners in creating care plan goals that are evidence-based and outcomes oriented
- Create dynamic care plan that evolves as interventions are implemented and evaluated and that serves to communicate among all of the member's providers, caregivers, and Care Partners



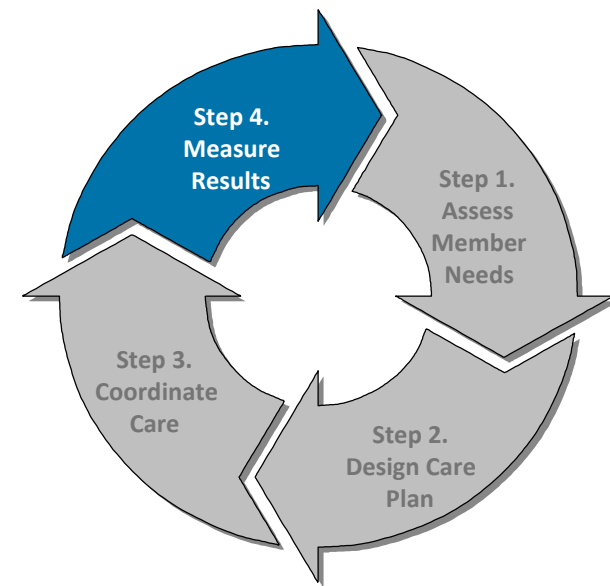
# Step 3: Coordinate Care

- Comprehensive assessment and care plan development provide context and support for PA requests
- CareConnect alerts team members to make proactive interventions, provides access to key information to drive ongoing assessment/reevaluation
- Involve members, caregivers, Care Mangers, Care Partners, Care Advocates, and providers in active dialogue about barriers, goals and progress through care conferences and ongoing dialogue



# Step 4: Measure Results

- Achievement of care plan goals
- Member and provider satisfaction
- Objective clinical measures based on evidence-based practice
- Trended quality of life measures
- Reduction in avoidable inpatient admissions and ER utilization



# Care Management Model Strengths

- Building a personal, trusting relationship with the member and the caregiver to encourage self-management and self-determination
- Using technology to facilitate communication and align goals across team (medical, behavioral health, waiver)
- Inclusive approach to program development – seek involvement by Care Partners and Partnership Councils
- Meaningful local partnerships to wrap a community of care around the member and the caregiver



# ADVANTAGE Health Solutions

- Locally-owned provider-sponsored health plan
  - St. Vincent Health
  - Sisters of St. Francis Health Systems
  - Saint Joseph Regional Medical Center
- Integrated Delivery System model offering managed care solutions to employers and individual Medicare recipients
- Revenues > \$250 million; annually serving > 62,000 members
- Emphasis on Wellness and Care Coordination
- NCQA Excellent Accreditation through December 2009
  - Highest level achievable
  - Includes HEDIS and CAHPS scores AND oversight audit of our processes and outcomes
  - Demonstrates robust continuous quality (service and clinical) program and that our members receive outstanding care



*...rising above the service you expect™*



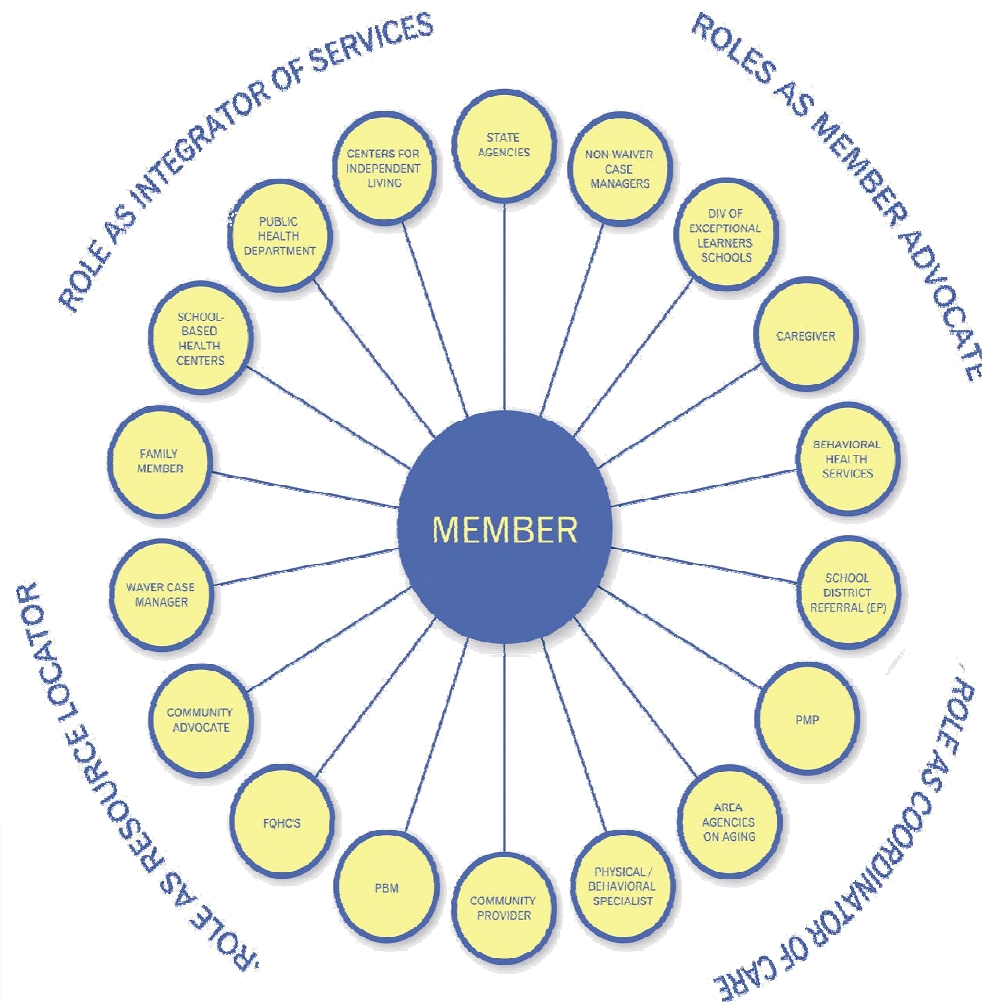
# ADVANTAGE Health Solutions (cont.)

- Our Customer Commitment: ADVANTAGE will **continuously** enhance our ability to meet the needs of the people we serve, will be sound economically, and will execute with service excellence.
- Schaller Anderson primary sub-contractor for care management program
  - NCQA-certified in disease management program design
  - Robust and integrated disease risk assessment stratification and population-based health outcomes management strategies
  - State-of-the art technology support





# ADVANTAGE Health Solutions (cont.)



*...rising above the service you expect™*



# Step 1: Assess Member Needs

Within 30 days of enrollment

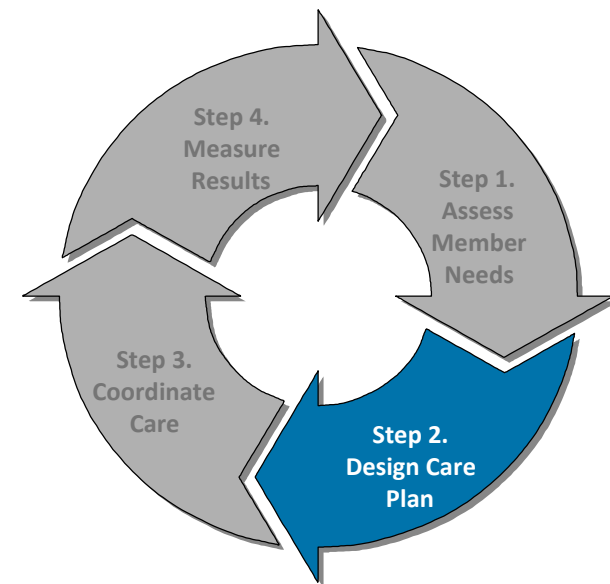
- Claims data analysis
  - early identification of high risk
- Initial Assessment- risk stratification
- Coordination with State Agencies  
Advocacy Groups
  - Identify Waiver Providers
  - Exchange care plan information with existing case managers
  - IPMG and AAAs
  - Community Health and Behavioral Health Centers



# Step 2: Design Care Plan

## Role of the Integrator

- Develop a consolidated individualized care plan that incorporates the members needs, goals and priorities, with input from:
  - Primary Medical Provider treatment plan
  - Behavioral Health Provider treatment plan
  - Wavier Case Manager care plans
  - Individualized Education Programs (IEPs)
  - HCBS resources



# Step 3: Coordinate Care

## Coordinator of Care

- Rank services based on needs, goals and member's priorities
- Facilitate communication across the spectrum of health care providers, i.e. physicians, community-based organizations, waiver programs, school-based services
- Ensure the right services are delivered at the right time by the right resource
- Integrate the behavioral, physical, social and educational needs of all members



# Step 3: Coordinate Care (cont.)

## Advocate Role

- Share individualized care plan with PMP, waiver case managers
- Advocate for member
  - Remove barriers to care
  - Provide education about conditions, access to care, member R&R
- Communication portal for sharing of information between all health care providers
  - PMP, Behavioral health, physical health specialist, community and waiver case managers, caregivers, family members



# Step 3: Coordinate Care (cont.)

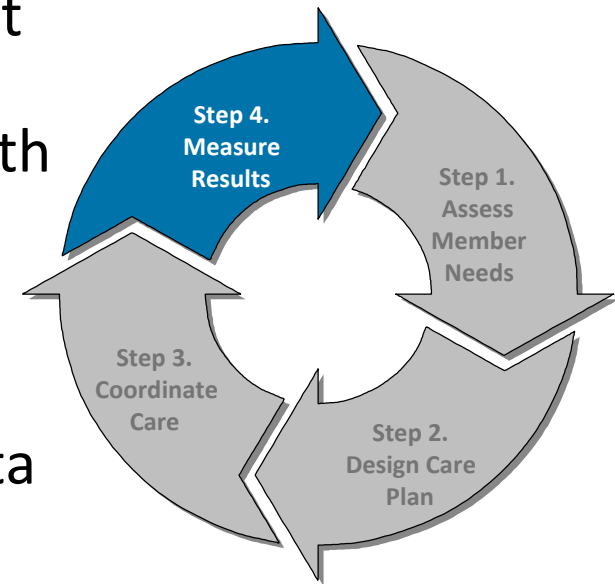
## Resource Locator Role

- Identify and connect with the benefits and services that meet the needs, goals and priorities for the member, caregivers and family members, to include:
  - Social
  - Behavioral
  - Physical
- Coordinate with the community-based providers utilizing existing relationships
  - Area Agencies on Aging
  - Developmental Disabilities community providers



# Step 4: Measure Results

- Annual member health status reassessment using condition targeted tool
- Periodic care management plan reviews with PMP, multidisciplinary Team
  - Need assessment
  - Goals/priorities
  - Gaps in care
- Monthly review of aggregate outcomes data to identify opportunities, gaps
- Ongoing review of grievances/appeals
- Performance measures
- Health provider and member satisfaction surveys



# Care Management Model Strengths

- Person-centered care management focus
- Strong partnerships with community providers to coordinate behavioral, developmental and medical services
- Utilize assessments and risk stratification tools to determine needs at the member and provider level
- Excel in communication with members, their families and their caregivers





# Question & Answer

For more information, visit

[http://www.indianamedicaid.com/ihcp/HoosierHealthwise/cs\\_index.asp](http://www.indianamedicaid.com/ihcp/HoosierHealthwise/cs_index.asp)

or e-mail us at

[\*\*careselect@crowechizek.com\*\*](mailto:careselect@crowechizek.com)



# Member Resources

General *Care Select* Questions?

Contact the ***Care Select* Helpline** at 1-877-633-7353

Need to join a CMO?

Contact **MAXIMUS** (Enrollment Broker) at 1-866-963-7383

Questions about Advantage CMO?

Contact **ADVANTAGE Health Solutions** at  
[advantageplan.com](http://advantageplan.com) or 1-866-504-6708

Questions about MDwise, Inc. CMO?

Contact **MDwise** at  
[mdwise.org](http://mdwise.org) or 1-866-440-2449

